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CONFIRMATION NO. 4113

<b>SERIAL NUMBER</b> 10/562,191	<b>FILING or 371(c) DATE</b> 10/26/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> PP020667.0003		
<b>APPLICANTS</b> Vega Massignani, Siena, ITALY; Beatrice Maria Arico, Siena, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/02351 06/25/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0315022.4 06/26/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/18/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/VANESSA L FORD/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>/VLF/</u> Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 20	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> NOVARTIS VACCINES AND DIAGNOSTICS INC. INTELLECTUAL PROPERTY- X100B P.O. BOX 8097 Emeryville, CA 94662-8097 UNITED STATES						
<b>TITLE</b> Virulence-Associated Adhesins						
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		